



APPLICATION DATA SHEET

| Application Information | |
|---------------------------------------|-------------------------------|
| Application Number:: | <u>10/635,923</u> |
| Filing Date:: | August 6, 2003 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | <u>1632</u> |
| CD-ROM or CD-R:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of Copies of CRF:: | |
| Title:: | Trophoblast Cell Preparations |
| Attorney Docket Number:: | MTS2AUSA |
| Request for Early Publication? | No |
| Request for Non-Publication? | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 4 |
| Small Entity:: | No |
| Latin name:: | |
| Variety denomination name | |
| Petition Included:: | No |
| Petition Type | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Number:: | |
| Secrecy Order in Parent Application:: | |

| Applicant Information | |
|---|-------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | CA |
| Status:: | Full Capacity |
| Given Name:: | Janet |
| Middle Name:: | |
| Family Name:: | Rossant |
| Name Suffix:: | |
| City of Residence:: | Toronto |
| State or Province of Residence:: | Ontario |
| Country of Residence:: | CA |
| Street of Mailing Address:: | 92 Pinecrest Road |
| City of Mailing Address:: | Toronto |
| State or Province of Mailing Address:: | Ontario |
| Country of Mailing Address:: | CA |
| Postal or Zip Code of Mailing Address:: | M6P 3G5 |

| Applicant Information | |
|---|--|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | JP |
| Status:: | Full Capacity |
| Given Name:: | Satoshi |
| Middle Name:: | |
| Family Name:: | Tanaka |
| Name Suffix:: | / |
| City of Residence:: | |
| State or Province of Residence:: | |
| Country of Residence:: | JP |
| Street of Mailing Address:: | University of Tokyo, Lab. Cell. Biochem, Vet. Med. Sci./Animal Resource Sci. 1-1-1 Yayoi, Bunkyo |
| City of Mailing Address:: | Tokyo |
| State or Province of Mailing Address:: | |
| Country of Mailing Address:: | JP |
| Postal or Zip Code of Mailing Address:: | 113-8657 |

| Applicant Information | |
|---|-----------------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | CA |
| Status:: | Full Capacity |
| Given Name:: | Tilo |
| Middle Name:: | |
| Family Name:: | Kunath |
| Name Suffix:: | |
| City of Residence:: | Toronto |
| State or Province of Residence:: | Ontario |
| Country of Residence:: | CA |
| Street of Mailing Address:: | 85 Thorncliffe Park Drive, Apt. 3 |
| City of Mailing Address:: | Toronto |
| State or Province of Mailing Address:: | Ontario |
| Country of Mailing Address:: | CA |
| Postal or Zip Code of Mailing Address:: | M4H 1L6 |

| Correspondence Information | |
|---|--|
| Correspondence Customer Number:: | 00270 |
| Name:: | Howson and Howson |
| Street of Mailing Address | Spring House Corporate Center, Box 457 |
| City of Mailing Address | Spring House |
| State or Province of Mailing Address | Pennsylvania |
| Country of Mailing Address | US |
| Postal or Zip Code of Mailing Address:: | 19477 |
| Phone Number:: | 215-540-9200 |
| Fax Number:: | 215-540-5818 |
| E-Mail Address:: | ckodroff@howsonandhowson.com |

| Representative Information | | |
|--------------------------------------|---------------------|------|
| Representative Customer No. 00270 | Registration Number | Name |

| Domestic Priority Information | | | |
|-------------------------------|--|--------------------|--------------------|
| Application | Continuity Type | Parent Application | Parent Filing Date |
| This application | Continuation | 09/786,585 | 3/7/2001 |
| 09/786,585 | National Phase | PCT/CA99/00867 | 9/23/1999 |
| PCT/CA99/00867 | An application claiming the benefit of 35 USC 119(e) | 60/101,483 | 9/23/1998 |

| Foreign Priority Information | | | |
|------------------------------|--------------------|-------------|------------------|
| Country | Application Number | Filing Date | Priority Claimed |
| | | | |
| | | | |

| Assignee Information | |
|---|------------------------------|
| Assignee Name:: | <u>Mount Sinai Hospital</u> |
| Street of Mailing Address:: | <u>600 University Avenue</u> |
| City of Mailing Address:: | <u>Toronto, Ontario</u> |
| State or Province of Mailing Address:: | <u>Ontario</u> |
| Country of Mailing Address:: | <u>CANADA</u> |
| Postal or Zip Code of Mailing Address:: | <u>M5G 1X5</u> |